



Lyon & Lyon LLP
Docket Information
259/064

**DECLARATION
Utility Application**

#3

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **PHARMACEUTICAL COMPOSITIONS AND METHODS TO VACCINATE AGAINST DISSEMINATED CANDIDIASIS** the specification of which

(Check One)

☐
☒

is attached hereto OR
was filed on 11/19/2000 as United States Application Serial No. 09/715,876
or PCT International Application No. _____ and was amended on _____ (if
applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification,
including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in
accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any
foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application
which designated at least one country other than the United States of America, listed below and have also
identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any
PCT international application having a filing date before that of the application on which priority is claimed.

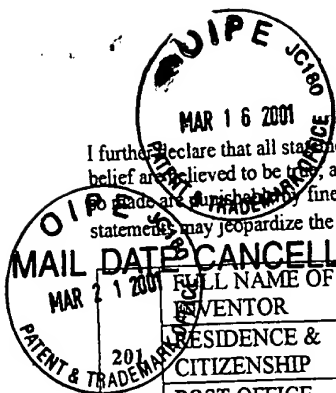
Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed	
			Yes	No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional
application(s) listed below.

Application Number(s)	Filing Date
60/166,663	11/19/1999

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or
§ 365(c) of any PCT international application designating the United States of America, listed below and,
insofar as the subject matter of each of the claims of this application is not disclosed in the prior United
States or PCT international application in the manner provided by the first paragraph of Title 35, United
States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as
defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of
the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned



I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements are made with the knowledge that willful false statements and the like made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FIRST Name John	MIDDLE Initial E.	LAST Name Edwards, Jr., M.D.	
	RESIDENCE & CITIZENSHIP	City Palos Verdes Estates	State or Foreign Country CA	Country of Citizenship USA	
	POST OFFICE ADDRESS	370 Via La Selva	City Palos Verdes Estates	State or Country CA	Zip Code 90275
	INVENTOR'S SIGNATURE <u>[Signature]</u> DATE <u>Feb 12, 2001</u>				

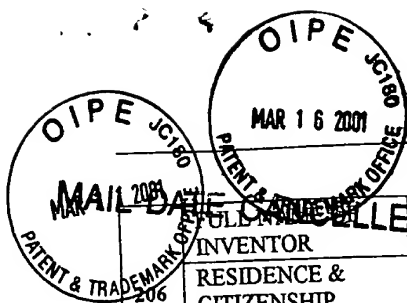
202	FULL NAME OF INVENTOR	FIRST Name Scott	MIDDLE Initial G.	LAST Name Filler, M.D.	
	RESIDENCE & CITIZENSHIP	City Rancho Palos Verdes	State or Foreign Country CA	Country of Citizenship USA	
	POST OFFICE ADDRESS	28890 King Arthur Court	City Rancho Palos Verdes	State or Country CA	Zip Code 90275
	INVENTOR'S SIGNATURE <u>[Signature]</u> DATE <u>Feb 12, 2001</u>				

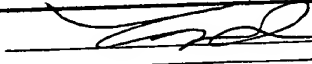
203	FULL NAME OF INVENTOR	FIRST Name Jim	MIDDLE Initial	LAST Name Cutler, Ph.D.	
	RESIDENCE & CITIZENSHIP	City Bozman	State or Foreign Country MO	Country of Citizenship USA	
	POST OFFICE ADDRESS	1426 Aschton	City Bozman	State or Country MO	Zip Code 59715
	INVENTOR'S SIGNATURE <u>[Signature]</u> DATE <u>3/7/01</u>				

204	FULL NAME OF INVENTOR	FIRST Name Donald	MIDDLE Initial C.	LAST Name Sheppard, M.D.	
	RESIDENCE & CITIZENSHIP	City Marina Del Rey	State or Foreign Country CA	Country of Citizenship CANADA	
	POST OFFICE ADDRESS	4269 Via Marina, Apt. #109	City Marina Del Rey	State or Country CA	Zip Code 90292
	INVENTOR'S SIGNATURE <u>[Signature]</u> DATE <u>Feb 12, 2001</u>				

205	FULL NAME OF INVENTOR	FIRST Name Ashraf	MIDDLE Initial	LAST Name Ibrahim, Ph.D.	
	RESIDENCE & CITIZENSHIP	City Playa Del Rey	State or Foreign Country CA	Country of Citizenship USA	
	POST OFFICE ADDRESS	8351 W. Manchester Ave., Apt. #4	City Playa Del Rey	State or Country CA	Zip Code 90293
	INVENTOR'S SIGNATURE <u>[Signature]</u> DATE <u>Feb 12, 2001</u>				

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FIRST Name Yue	MIDDLE Initial	LAST Name Fu	
INVENTOR	City La Habra	State or Foreign Country CA	Country of Citizenship USA
RESIDENCE & CITIZENSHIP	City La Habra	State or Country CA	Zip Code 90631
POST OFFICE ADDRESS	440 W. Country Hills Dr.		
INVENTOR'S SIGNATURE 		DATE <u>Feb 12, 2001</u>	



CANCELLED

Patent
259/064

**POWER OF ATTORNEY
By Assignee**

HARBOR-UCLA Research and Education Institute, assignee(s) of the application for United States Letters Patent
for an improvement in



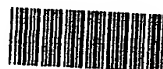
**PHARMACEUTICAL COMPOSITIONS AND METHODS TO VACCINATE AGAINST
DISSEMINATED CANDIDIASIS**

John E. Edwards, Jr., M.D., Scott G. Filler, M.D., Jim Cutler, Ph.D., Donald C. Sheppard, M.D.,
Ashraf Ibrahim, Ph.D., and Yue Fu

the specification of which:

- ☐ is filed herewith, OR
☒ was filed on 11/18/2000, having U.S. Patent Application Serial No. 09/715,876,

does hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, all of the registered practitioners identified by Customer Number 22249:



22249

PATENT
TRADEMARK
OFFICE

LYON & LYON LLP
Suite 4700
633 W. Fifth Street
Los Angeles, CA 90071
(213) 489-1600

Please send all correspondence to the attention of Kurt T. Mulville, at the above Customer Number, and direct all telephone calls to 949/567-2300.

I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent application identified above from the inventor(s) to the assignee(s), which:

- ☒ is filed for recordation herewith; or
☐ was recorded at Reel _____, Frame _____; or
☐ has been sent for recordation under separate cover, copy attached herewith.

To the best of the undersigned's knowledge and belief, title is in the assignee(s) identified above. Furthermore, the undersigned is empowered to sign this document on behalf of the assignee(s).

Full Name of Assignee: HARBOR-UCLA RESEARCH AND EDUCATION INSTITUTE	
Post Office Address: 1124 West Carson St., Torrance, CA 90502-2064	
Signature of Declarant or Assignee: 	Date: 3-14-01
Full Name of Declarant If Other Than Assignee: C. William Steers	
Title of Declarant: Executive Vice President	
Address of Declarant: 1124 West Carson St., Torrance, CA 90502-2064	

Applicant or Patentee: John E. Edwards, Jr., M.D., Scott G. Filler, M.D., Jim Cutler, Ph.D., Donald C. Sheppard, M.D., Ashraf Ibrahim, M.D., and Yue Fu

Serial or Patent No.: 09/715,876

Filed or Issued: November 18, 2000

For: PHARMACEUTICAL COMPOSITIONS AND METHODS TO VACCINATE AGAINST DISSEMINATED CRYPTOSPORIDIOSIS



CANCELLED

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27(d)) – NONPROFIT ORGANIZATION

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: HARBOR-UCLA RESEARCH AND EDUCATION INSTITUTE

ADDRESS OF ORGANIZATION: 1124 West Carson Street, Torrance, California 90502-2064

TYPE OF ORGANIZATION

- ☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3))
- ☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)
- ☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3)) IF LOCATED IN THE UNITED STATES OF AMERICA
- ☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the above-entitled invention described in

- ☐ the specification filed herewith
- ☐ the application serial no. _____, filed _____
- ☐ patent no. _____, issued _____

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention.
If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights in the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

NAME HARBOR-UCLA RESEARCH AND EDUCATION INSTITUTE

ADDRESS 1124 West Carson Street, Torrance, California 90502-2064

☐ Individual

☐ Small Business Concern

☐ Nonprofit Organization

NAME _____

ADDRESS _____

☐ Individual

☐ Small Business Concern

☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING C. William Steers

TITLE OF PERSON SIGNING Executive Vice President

ADDRESS OF PERSON SIGNING 1124 West Carson Street, Torrance, California 90502-2064

SIGNATURE



DATE 3-14-01